

No. W 4319		Due no later than Jul 31, 2009		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. REXBURG FAMILY MEDICAL CENTER, P.L.L.C. MICHAEL PACKER #1 PROFESSIONAL PLAZA REXBURG ID 83440		MICHAEL M PACKER M.D. #1 PROFESSIONAL PLAZA REXBURG ID 83440	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	MICHAEL M PACKER	510 E TERRA VISTA	REXBURG	ID	USA 83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 4319		Signature: MPacker Name (type or print): MPacker		Date: 05/22/2009 Title: Owner	
Processed 05/22/2009		* Electronically provided signatures are accepted as original signatures.			